

WORKMAN | NYDEGGER

1000 Eagle Gate Tower
60 East South Temple
Salt Lake City, Utah 84111
Phone: (801) 533-9800
Fax: (801) 328-1707

**RECEIVED
CENTRAL FAX CENTER**

JUL 20 2005

FAX TRANSMISSION COVER SHEET

Date: July 19, 2005
To: Examiner James D. Stein
United States Patent & Trademark Office
Fax: (571) 273-8300
(703) 872-9306
Phone:
From: Kevin W. Stinger
Re: Serial No. 10/716,149
Filing Date: 11/17/2003
Docket No.: 15436.249.42.1

YOU SHOULD RECEIVE 22 PAGE(S), INCLUDING THIS COVER SHEET. IF
YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL 801-533-9800

Comments:

Please see attached.

PRIVILEGED AND CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

VIA FACSIMILE: 571-273-8300
**RECEIVED
CENTRAL FAX CENTER**
JUL 20 2005
PATENT APPLICATION
Docket No. 15436.249.42.1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of)
)
Chris Kiyoshi Togami, et al.)
)
Serial No.: 10/716,149) Art Unit
) 2874
Filed: November 17, 2003)
)
For: OPTICAL TRANSCEIVER MODULE)
)
)
Confirmation No.: 5300)
)
Customer No.: 022913)
)
Examiner: James D. Stein)

AMENDMENT UNDER 37 C.F.R. § 1.111

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

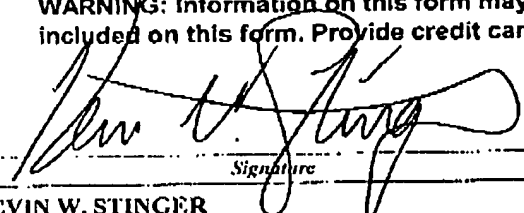
In response to the Office Action mailed April 19, 2005 (the "Office Action"), please
amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2
of this paper.

Remarks/Arguments begin on page 12 of this paper. 07/20/2005 TL0111 00000011 10716149
01 FC:1201 400.00 0P

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 15436.249.42.1
Applicant(s): Chris Kiyoshi Togami, et al.			
Application No. 10/716,149	Filing Date 11/17/2003	Examiner Stein, James D	Group Art Unit 2874
Invention: OPTICAL TRANSCEIVER MODULE ARRAY SYSTEM			
RECEIVED CENTRAL FAX CENTER			
JUL 20 2005			
<p>I hereby certify that this _____ <u>Amendment and Response</u> _____ (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u>)</p> <p>on <u>July 19, 2005</u> (Date)</p> <div style="text-align: center;"><p>_____ Kevin W. Stinger (Typed or Printed Name of Person Signing Certificate)</p><p>_____ (Signature)</p></div>			
Note: Each paper must have its own certificate of mailing.			

F18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 15436.249.42.1	
Applicant(s): Chris Kiyoshi Togami, et al.					
Application No. 10/716,149	Filing Date 11/17/2003	Examiner Stein, James D	Customer No. 022913	Group Art Unit 2874	Confirmation No. 5300
Invention: OPTICAL TRANSCIVER MODULE ARRAY SYSTEM					
				RECEIVED CENTRAL FAX CENTER	
				JUL 20 2005	
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	27	27 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	5	3 =	2	x \$200.00	\$400.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$400.00
<input type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 23-378					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature					
KEVIN W. STINGER Attorney for Applicant Registration No. 48,959					
Dated: July 19, 2005					
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">(Date)</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature of Person Mailing Correspondence</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Typed or Printed Name of Person Mailing Correspondence</div>					
CC:					

P111ARCF/REV09